

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Sierra Pacific Industries**
ADDRESS **301 Hagara Street**
Aberdeen, WA 98520

COUNTY **Grays Harbor**
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
ST 6191	WWP-Waste Pump
PERMIT NUMBER	DISCHARGE NUMBER

Submit Monthly

Form Approved.
OMB No. 2040-0004

**NOTE: Read instructions before
completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	10080	14000	MGD						0	Continuous	Metered
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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(2-16) ST 6191	(17-19) CTW - Cooling Tower Waste Tank
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
BOD ₅	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						300	300	mg/L	0	01/30	Grab
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						350	350	mg/L	0	01/30	Grab
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6			9	s.u.	0	01/30	Grab
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						300	300	mg/L	0	01/30	Grab
Temperature	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						65	65	°C	0	01/30	Grab
Total Arsenic	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						0.2	0.2	mg/L	0	01/30	Grab

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Total Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.2	0.2	mg/L	0	01/30	Grab	
Total Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					1.0	1.0	mg/L	0	01/30	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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